



Health Advisory

Date: January 2, 2018
From: Spokane Regional Health District Epidemiology
To: Spokane County Healthcare Providers
Subject: Updates to Zika testing recommendations

Please ensure that this information is shared with the appropriate personnel in your facility. Thank you.

Summary

As of January 1, 2018, Washington Department of Health (DOH) and Spokane Regional Health District (SRHD) **no longer recommend routine testing of asymptomatic pregnant women for Zika**. Instead, providers may consider Zika testing for pregnant women with possible exposure after assessing risk to their patients (considering location, timing and duration of travel, use of prevention measures, etc.), patient preferences, and clinical judgment. This change is due to continued low numbers of cases through 2017 and the need for clarity and simplicity in recommendations.

The Centers for Disease Control and Prevention (CDC) provided interim guidance outlining these same screening and testing recommendations in the summer of 2017. These recommendations are outlined below and in MMWR July 24, 2017 Vol. 66 and can be found here: cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm.

Testing is still routinely recommended for pregnant women reporting symptoms consistent with Zika virus disease following exposure. DOH continues to offer testing to patients for whom cost is a barrier, regardless of symptom status, in pregnant women; however, in all other cases Zika tests should be ordered commercially.

DOH and SRHD also use the CDC recommendations for infant testing and follow-up that can be found here: cdc.gov/mmwr/volumes/66/wr/mm6641a1.htm. In brief, **Zika virus testing is not recommended for infants without clinical findings consistent with congenital Zika virus syndrome born to mothers without lab evidence of possible Zika infection**. All infants born to mothers with possible Zika exposure during pregnancy should continue to receive a standard evaluation at birth, including a comprehensive physical examination with measurement of growth parameters, vision screen, and standard newborn hearing screen. DOH continues to offer testing of serum and urine of infants who qualify according to the CDC algorithm and will consider additional testing on a case-by-case basis.

Outline of Key Recommendations

For these recommendations, the definition of possible Zika virus exposure has not changed and includes travel to, or residence in an area with risk for mosquito-borne Zika virus transmission or sex with a partner who has traveled to or resides in an area with risk for mosquito-borne Zika virus transmission. These areas can be found on the CDC "Zika Travel Information" webpage: cdc.gov/zika/geo/index.html.

1) **All pregnant women in the United States and U.S. territories should be asked about possible Zika virus exposure before and during the current pregnancy, at every prenatal care visit.** CDC recommends that pregnant women not travel to any area with risk for Zika virus transmission. It is also recommended that pregnant women with a sex partner who has traveled to or lives in an area with risk for Zika virus transmission use condoms or abstain from sex for the duration of the pregnancy.

- 2) **Pregnant women with recent possible Zika virus exposure and symptoms of Zika virus disease should be tested to diagnose the cause of their symptoms.** The updated recommendations include concurrent Zika virus nucleic acid test (NAT) and serologic testing as soon as possible through 12 weeks after symptom onset.
- 3) **Asymptomatic pregnant women with ongoing possible Zika virus exposure should be offered Zika virus NAT testing three times during pregnancy.** IgM testing is no longer routinely recommended because IgM can persist for months after infection; therefore, IgM results cannot reliably determine whether an infection occurred during the current pregnancy. The optimal timing and frequency of testing of asymptomatic pregnant women with NAT alone is unknown. For pregnant women who have received a diagnosis of laboratory-confirmed Zika virus infection (by either NAT or serology [positive/equivocal Zika virus or dengue virus IgM and Zika virus plaque reduction neutralization test (PRNT) ≥ 10 and dengue virus PRNT < 10 results]) any time before or during the current pregnancy, additional Zika virus testing is not recommended. For pregnant women without a prior laboratory-confirmed diagnosis of Zika virus, NAT testing should be offered at the initiation of prenatal care, and if Zika virus RNA is not detected on clinical specimens, two additional tests should be offered during the course of the pregnancy coinciding with prenatal visits.
- 4) **Asymptomatic pregnant women who have recent possible Zika virus exposure (i.e., through travel or sexual exposure) but without ongoing possible exposure are not routinely recommended to have Zika virus testing.** Testing should be considered using a shared patient-provider decision-making model, one in which patients and providers work together to make decisions about testing and care plans based on patient preferences and values, clinical judgment, a balanced assessment of risks and expected outcomes, and the jurisdiction's recommendations. Based on the epidemiology of Zika virus transmission and other epidemiologic considerations (e.g., seasonality), jurisdictions might recommend testing of asymptomatic pregnant women, either for clinical care or as part of Zika virus surveillance. With the decline in the prevalence of Zika virus disease, the updated recommendations for the evaluation and testing of pregnant women with recent possible Zika virus exposure but without ongoing possible exposure are now the same for all areas with any risk for Zika virus transmission.
- 5) **Pregnant women who have recent possible Zika virus exposure and who have a fetus with prenatal ultrasound findings consistent with congenital Zika virus syndrome should receive Zika virus testing to assist in establishing the etiology of the birth defects.** Testing should include both NAT and IgM tests.
- 6) **The comprehensive approach to testing placental and fetal tissues has been updated.** Testing placental and fetal tissue specimens can be performed for diagnostic purposes in certain scenarios (e.g., women without a diagnosis of laboratory-confirmed Zika virus infection and who have a fetus or infant with possible Zika virus-associated birth defects). However, testing of placental tissues for Zika virus infection is not routinely recommended for asymptomatic pregnant women who have recent possible Zika virus exposure but without ongoing possible exposure and who have a live born infant without evidence of possible Zika virus-associated birth defects.
- 7) **Zika virus IgM testing as part of preconception counseling to establish baseline IgM results for nonpregnant women with ongoing possible Zika virus exposure is not warranted** because Zika virus IgM testing is no longer routinely recommended for asymptomatic pregnant women with ongoing possible Zika virus exposure.

Full explanation of these recommendations can be found here: [cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm](https://www.cdc.gov/mmwr/volumes/66/wr/mm6629e1.htm).